

2011 TEAM ROSTER BILLINGSGATE  
**EXISTING RECREATIONAL TEAMS** GRADES 5/6

EQUAL PLAYING TIME OF ALL PLAYERS LISTED ON RECREATION TEAM  
ROSTERS IS REQUIRED AND POSITIVE  
IDENTIFICATION OF PLAYERS IS REQUIRED.

TEAM NAME: \_\_\_\_\_

AGE GROUP/ CATEGORY (BOYS/GIRLS): \_\_\_\_\_

COACH (Non-playing coach required): \_\_\_\_\_

TOWN: \_\_\_\_\_

CONTACT PHONE #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

<u>NAME</u>	GRADE

CATEGORY \_\_\_\_\_ AMOUNT ENCLOSED \$ \_\_\_\_\_

I acknowledge I have read the Tournament rules and agree to follow them:

\_\_\_\_\_  
Signature of Non-Playing Coach

Please Submit an additional Roster Electronically to: [Recreation@Wellfleet-ma.gov](mailto:Recreation@Wellfleet-ma.gov)

NO TEAM APPLICATIONS OR ROSTER CHANGES ACCEPTED AFTER MARCH 3.